Family Support Division Call Center Operations and MEDES/Reorganization

Budget Committee
House Appropriations Committee on Health, Mental Health and Social Services

September 29, 2014

Retooling FSD

FSD is undergoing a comprehensive transformation

- Upgrading technologies
- Converting paper-based systems to electronic
- Modernizing case processing workflows
- Changing approaches to customer service to provide greater access
- Changing roles and responsibilities for our employees
- Changing expectations to increase efficiency in case processing and effectiveness in customer service

Benefits

- Improved capacity to manage workload; flexibility to move the work quickly to any office in the state
- Increased staff productivity
 - Eligibility Specialist can develop deep expertise in specific program areas
 - State of the art technology gives Eligibility Specialists the tools they deserve to perform their jobs effectively
- Will allow staff resources to be realigned to focus solely on customer support and service
- State of the art technology affords new and varied ways to engage customers (on-line, phone, text, etc.)
- Expands the FSD presence in the communities where our customers live

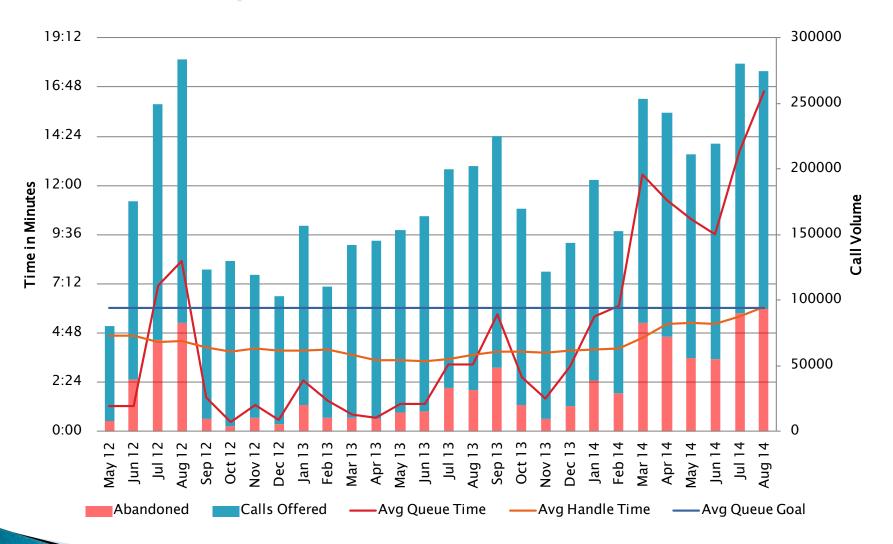
Key elements of the transformation

- Contracted call centers
- MEDES automated system
- FSD Reorganization

Contracted Call Center Operations

- Call center contractor Young Williams
 - 2006 Child Support Program
 - 2012 Income Maintenance (Medicaid, Food Stamps, TANF, etc.)
- The Young Williams call center is located in Jefferson City
- The Young Williams call center is not a substitute for front line staff
 - The Young Williams call center is designed to provide basic customer services, not complex case management
 - Requests for applications; change of address; questions about benefit authorization dates, benefit amounts, etc.
 - · Young Williams call center resolves 55,000 calls in an average month
 - Complex case questions are transferred to state offices for handling
 - Young Williams call center transfers or emails about 53,000 in an average month

Call Center Operations - Statistics



Call Center Problems and Corrective Action

Problem: Excessive hold times (Queue Time) for Income Maintenance Support Response:

- Contract corrective action letter issued August 28, 2014
- Young William's response
 - Add additional staff to satisfy call volume
 - Implement temporary Customer Service Representative Bonus Plan
 - Call triage for non-English speaking callers
 - Implement "virtual hold" technology
 - Review and refine call scripts to decrease talk time

Problem: Callers needing FSD assistance are not being called back Response:

- Reassigned 128 state employees to food stamp interviews
 - Live person handoffs from Young Williams to state staff
- Improved strategies for managing FSD call-backs
- Created the Rapid Response Team (effective 10/1/14)
 - 40 dedicated staff to take calls requiring FSD attention
 - Live person handoffs from Young Williams to state staff reduce reliance on email transfers
 - Focus on question resolution
 - Protocols for addressing "overflow" calls
- Upgraded phone software for better management of state calls
- Clarified lines of supervision

MEDES / FSD Reorganization - Facts & Progress

MEDES (Missouri Eligibility Determination and Enrollment System)

- July 2013 Appropriation authority available
 - Request to begin project one year earlier was not approved by the General Assembly
- October 2013 Citizen portal operational (federal law)
- January 2014 MAGI eligibility standards operational (federal, state law)
 - Full MAGI functionality to be completed Winter 2015
- Future Development
 - Medicaid for Elders and Disabled to be completed in late 2015
 - TANF, Food Stamps, Child Care, LIHEAP to be completed in 2016

FSD Reorganization

- 19 Processing Centers have been established
 - Processing Centers dedicated to a specific activity, or processing a specific type of case
 - MAGI Medicaid (12); Spenddown (1); Medical Review (1); Nursing Home Eligibility (5)
- 76 customer Resource Centers established or in planning
 - 23 new (<u>additional</u>) community-based Resource Centers are in development
- Electronic document management allows work to be moved readily to any office in the state
 - 364 staff working in "virtual office" (i.e., processing casework from a county other than their own)

MEDES / FSD Operating Facts (since January 1, 2014)

- 150,000 Medicaid applications and account transfers processed by MEDES under MAGI standards
- ▶ 52,000 Federal Exchange Account Transfers processed by FSD staff
- 45,000 online applications have been submitted by citizens through the <u>mydss.mo.gov</u> webpage
- > 170,000 parents and kids now have their Medicaid case managed by MEDES
- 1.9 million documents being managed electronically through SharePoint

MEDES / Reorganization - Problems and Resolutions

Problem: System bugs and programming in development hamper processing of certain cases **Resolution**:

- Temporary manual "workarounds" are in place and developed as needed
 - Newborns, Presumptive Eligibility, Prior Quarter Coverage, Pregnancy Coverage
- Escalation protocols
 - Special mailboxes, web portals and other points of contact have been setup for providers, advocates and others to communicate problem cases rapidly to FSD specialists
- Special Case Processing Teams
 - Jefferson City Team An office which handles case processing of high volume/high risk cases and providers
 - Complex Case Resolution Team A temporary team of 30 experienced workers and supervisors responsible for resolving applications with particularly complex problems

Problem: Lost documents **Resolution**:

- Implement FileNet (permanent solution)
 - FileNet is the permanent electronic document management solution to be integrated into MEDES; SharePoint is an intermediate solution
 - FileNet is much more sophisticated and will be integrated into the MEDES case management workflow
 - FileNet implementation has started and will be completed next spring
- Improve SharePoint Performance (short-term)
 - Improve SharePoint search functionality (September 2014)
 - Monitor and record "lost document" situations to identify training needs
 - · Documents are not often actually lost, but rather are not being found by the staff
- Upgrade local office scanning equipment
 - Modern high-volume scanning workstations are being installed in all offices (August October 2014)
 - Professional-grade input equipment will reduce document indexing errors

MEDES / Reorganization - Problems and Resolutions (cont'd)

Problem: Poor Customer Service

Resolution:

Management Review Team

- Team of five experienced executive level managers working directly with FSD central office and front line managers exclusively to improve local office operations and customer service delivery
- Studied local office workflow, operating procedures and customer management activities to identify inefficiencies, bottlenecks, etc.
- Identified and in process of correcting poor coordination of work between the contracted Young Williams Call center and FSD offices (Resource Centers and Processing Centers)
- Establishing standards for customer service and support
- Clarifying and aligning managerial and supervisory responsibilities and expectations with customer service expectations
- Working with local offices to reestablish or enhance local presence and community connections
- Identifying and resolving staff training and equipment needs
 - Ensure front line staff have access to information systems needed to meet expectations for good customer service

Transformation Team

- A group of about 20 front line supervisors and workers to assist local offices transitioning from historic FSD operating basis to Processing Center or Resource Center
- Provides support and training during office transitions
- Works with local office staff to identify best practices and to communicate them to other offices across the state

MEDES / Reorganization - Problems and Resolutions (cont'd)

Problem: Medical reviews delay

Resolution:

- Reviewed and corrected workflows slowing case processing
- Exam scheduling protocols are being reviewed and revised
- Additional physicians are being recruited for records review

Problem: Lack of Reporting

Resolution:

- MEDES reporting functions have been in development and testing is being completed
 - Resumption of regular program reporting is expected to begin in the next couple of weeks
 - MEDES programming to support resumption of IVR capabilities is scheduled to be completed by Winter 2015
- "Virtual" IVR has been established for hospitals and other high volume providers to obtain basic case information (application status, eligibility status, etc.)

Problem: Providers and Advocates have been strained by the system change and FSD reorganization **Resolution**:

- Provider training and support on MEDES and document management system changes
 - Hospitals, FQCHs, Local Public Health Agencies
- Special case escalation procedures for high volume providers and support agencies
- Open and continuing dialogue with advocacy organizations to learn about problems and to communicate updates, solutions, etc.